



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 8407

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/533,022	03/22/2000	379	2614	17422US02
RULE				

APPLICANTS

Wilf LeBlanc, Vancouver, BC, CANADA;
 Shawn Stevenson, New Westminster, BC, CANADA;
 Bill Boora, Surrey, BC, CANADA;

**** CONTINUING DATA *******

This application is a CON of 09/522,185 03/09/2000
 which is a CIP of 09/493,458 01/28/2000 PAT 6,549,587
 which is a CIP of 09/454,219 12/09/1999 PAT 6,882,711
 which claims benefit of 60/154,903 09/20/1999

This application 09/533,022 03/22/2000
 claims benefit of 60/156,266 09/27/1999
 and claims benefit of 60/157,470 10/01/1999
 and claims benefit of 60/160,124 10/18/1999
 and claims benefit of 60/161,152 10/22/1999
 and claims benefit of 60/162,315 10/28/1999
 and claims benefit of 60/163,169 11/02/1999
 and claims benefit of 60/163,170 11/02/1999
 and claims benefit of 60/163,600 11/04/1999
 and claims benefit of 60/164,379 11/09/1999
 and claims benefit of 60/164,690 11/10/1999
 and claims benefit of 60/164,689 11/10/1999
 and claims benefit of 60/166,289 11/18/1999
 and claims benefit of 60/171,203 12/15/1999
 and claims benefit of 60/171,180 12/16/1999
 and claims benefit of 60/171,169 12/16/1999
 and claims benefit of 60/171,184 12/16/1999
 and claims benefit of 60/178,258 01/25/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

05/25/2000

Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials	BC	34	58	3
Verified and Acknowledged /ALEXANDER JAMAL/ Examiner's Signature					

ADDRESS

MCANDREWS HELD & MALLOY, LTD
 500 WEST MADISON STREET
 SUITE 3400
 CHICAGO, IL 60661

TITLE

VOICE AND DATA EXCHANGE OVER A PACKET BASED NETWORK WITH ECHO CANCELLATION

FILING FEE RECEIVED 9142	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
<input type="checkbox"/> 1.18 Fees (Issue)								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								